

**ALABAMA DEPARTMENT OF INSURANCE****Preneed Division****201 Monroe Street, Suite 502****Montgomery, AL 36130-3351****The Preneed Certificate Holder of
the Branch Applicant is a:****(Check appropriate box below)**☐ Funeral Establishment☐ Cemetery Authority☐ Combination Funeral/Cemetery☐ Third-Party Seller**PRENEED BRANCH REGISTRATION – INITIAL APPLICATION****FORM AL-PNB-1 (REVISED 04/2015)****MAIL THIS APPLICATION TO:****ACCOUNTING DIVISION****P. O. BOX 303351****MONTGOMERY, ALABAMA 36130-3351**

NAME OF BRANCH APPLICANT

D/B/A NAME (if applicable)

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)

TELEPHONE #

MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code)

FAX #

E-MAIL ADDRESS

FSB LICENSE #

FEDERAL EMPLOYER I. D. #

CONTACT NAME

PHONE #

Type of Organization: ☐ Individual ☐ Partnership ☐ LLC ☐ LLP ☐ C Corp ☐ S CorpBranch Type: ☐ Funeral Establishment ☐ Cemetery Authority ☐ Combination Funeral/Cemetery ☐ Third-Party Seller

NAME OF CERTIFICATE OF AUTHORITY HOLDER BRANCH APPLICANT WILL BE OPERATING UNDER

PHYSICAL ADDRESS OF CERTIFICATE OF AUTHORITY HOLDER

COA #

Is the Branch Applicant operating at more than one location under a common business enterprise with the same name?
☐ Yes ☐ No. If Yes, list the address of each location on a separate page. The list should include the address and telephone number of each branch, and whether it is a funeral establishment, cemetery authority, combination funeral/cemetery, or third-party seller.

The application must be accompanied by the payment of \$150.00 non-refundable application fee. Make check payable to "Commissioner of Insurance, State of Alabama". If additional information is required by the Department, the additional information must be provided within forty-five (45) days from the date of request.

Has the Branch been the subject of any bankruptcy proceeding or had a judgment filed against it, either present, past or pending? ☐ Yes ☐ No. If the answer is yes, attach a statement of the facts (including date(s)), together with the case: style, number, name and location of the court(s) in which the proceedings were held or are pending.

If you answered "Yes" above, did the bankruptcy proceeding or judgment involve insurance companies or policyholders/consumers related to the business of insurance or preneed? ☐ Yes ☐ No. If Yes, provide the company names and specific details.

PRENEED BRANCH REGISTRATION - INITIAL APPLICATION

Has or is the Branch Applicant, or any person with power to direct the management or policies of the Branch Applicant, been the subject of: (1) A pending criminal prosecution or governmental enforcement action in any jurisdiction: ☐ Yes ☐ No; (2) Convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude: ☐ Yes ☐ No; or (3) Had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or otherwise acted against: ☐ Yes ☐ No. If any answers are Yes, explain on a separate page and include official documentation of the final disposition of the case(s).

Is the Branch Applicant or Certificate Holder or any person with power to direct the management or policies of the Branch Applicant, been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? ☐ Yes ☐ No. If yes, provide details on a separate page. Has the Branch Applicant or any person with power to direct the management or policies of the Branch Applicant, had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or, otherwise acted upon? ☐ Yes ☐ No. If yes, provide details on a separate page.

What type of preneed contract(s) will be written by the Branch Applicant? ☐ Funeral ☐ Cemetery ☐ Combination

What type of funding will the Branch Applicant use? ☐ Trust ☐ Life Insurance ☐ Surety Bond ☐ Letter of Credit. Check all that apply. Attach a copy of each of the proposed funding vehicle(s) to be used.

If you hold a certificate of authority or branch registration as an individual/sole proprietor, or as an individual/partner in a general partnership, you must check the appropriate box below and provide the required documentation. Each and every individual partner constituting a partnership must complete this page and provide the appropriate documentation.

☐ I declare that I am a citizen of the United States. Please attach a copy of ONE of the following (see Ala. Code § 31-13-29(g)):

- Driver's license or other non-driver identification card
- Birth certificate
- United States passport or United States naturalization documentation
- Other proof of United States citizenship as defined in Ala. Code § 31-13-29(g)

☐ I declare that I am not a citizen of the United States but that I am lawfully present in the United States and am eligible to engage in a public records transaction under Ala. Code § 31-13-29. Eligibility will be verified through the Systematic Alien Verification for Entitlements program operated under the United States Department of Homeland Security or by other verification with the United States Department of Homeland Security. Please attach a copy of ONE of the following (see Ala. Code § 31-13-3(10)):

- Valid, unexpired Alabama driver's license or unexpired Alabama non-driver identification card
- Valid federal or state government issued identification document bearing a photograph or other biometric identifier
- Other proof of lawful presence as defined in Ala. Code § 31-13-3(10)

PLEASE SIGN AND DATE BELOW.

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information, including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975 and request renewal of the Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

Signature of Branch Applicant/Authorized Representative

Date

Print Name

For updates and other information, please visit www.aldoi.gov/preneed